# ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
## *NEW JERSEY* 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.
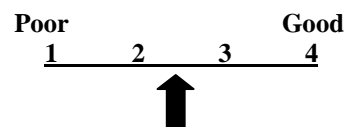
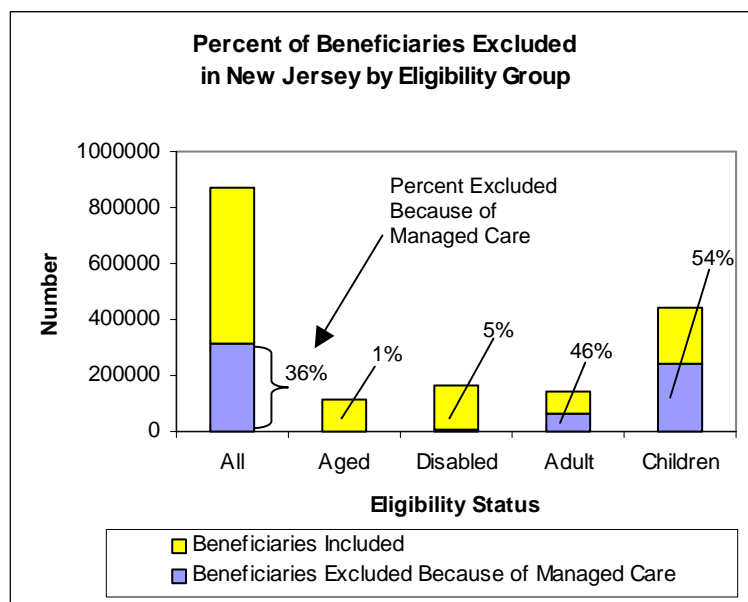| New Jersey Data Comments |
| --- |
| **Diagnosis Codes:** Diagnosis coding on claims was relatively complete, with no known quality problems. |
| **Missing Claims:** According to MSIS/MAX documentation, the claims from five or six inpatient psychiatric hospitals were not reported in the 1999 files. This gap in data would understate use of inpatient psychiatric care (on Table 4), and total expenditures for the MH population. It could also underidentify the MH population. |
| **Race:** Approximately 11 percent of enrollees are reported with unknown race. |
| **Restricted Benefits:** Except in the case of dual eligibles, these tables do not distinguish beneficiaries with restricted benefit packages from those entitled to full Medicaid benefits. Many persons who were enrolled through waivers did not qualify for full Medicaid benefits. Because these individuals did not qualify for coverage of most mental health services, rates of identified mental health beneficiaries among the FFS population may appear low. |

**NEW JERSEY DATA QUALITY AND COMPLETENESS**

| Poor | | | Good |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |

*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

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## IMPACT OF MANAGED CARE EXCLUSIONS



**Percent of Beneficiaries Excluded in New Jersey by Eligibility Group**

Legend:
- Beneficiaries Included
- Beneficiaries Excluded Because of Managed Care

Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. New Jersey's managed care exclusions are shown in the graph on the left.

| Population Characteristics | Beneficiaries | | | | Expenditures | | | |
|---|---|---|---|---|---|---|---|---|
| | Total Number | Percent of Total Beneficiaries | Number in Fee-for-Service (FFS) One or More Months | Percent in FFS One or More Months | Total Expenditures | Percent of Total Expenditures | Total for FFS | Percent for FFS |
| **All** | 869,612 | 100% | 553,227 | 64% | $4,531,694,342 | 100% | $3,588,189,688 | 79% |
| **Age** | | | | | | | | |
| 0-3 | 137,096 | 16% | 69,917 | 51% | $262,295,475 | 6% | $77,107,135 | 29% |
| 4-5 | 56,519 | 7% | 25,487 | 45% | $72,770,463 | 2% | $30,011,872 | 41% |
| 6-12 | 173,303 | 20% | 78,735 | 45% | $290,128,959 | 6% | $137,381,058 | 47% |
| 13-18 | 98,466 | 11% | 51,782 | 53% | $246,430,882 | 5% | $144,339,590 | 59% |
| 19-21 | 33,365 | 4% | 21,647 | 65% | $92,878,985 | 2% | $58,242,040 | 63% |
| 22-44 | 159,490 | 18% | 103,450 | 65% | $1,004,539,853 | 22% | $810,865,174 | 81% |
| 45-64 | 69,462 | 8% | 61,917 | 89% | $823,735,560 | 18% | $768,744,814 | 93% |
| 65 and older | 141,908 | 16% | 140,290 | 99% | $1,738,901,059 | 38% | $1,561,497,692 | 90% |
| **Gender** | | | | | | | | |
| Female | 527,602 | 61% | 340,399 | 65% | $2,823,233,794 | 62% | $2,201,044,650 | 78% |
| Male | 342,010 | 39% | 212,828 | 62% | $1,708,460,548 | 38% | $1,387,145,038 | 81% |
| **Race** | | | | | | | | |
| White | 261,574 | 30% | 195,489 | 75% | $2,450,282,115 | 54% | $2,129,908,454 | 87% |
| Black | 300,272 | 35% | 163,395 | 54% | $1,158,191,119 | 26% | $809,320,876 | 70% |
| Hispanic | 194,471 | 22% | 96,488 | 50% | $390,034,254 | 9% | $172,642,295 | 44% |
| American Indian/Alaskan Native | 2,238 | 0% | 1,727 | 77% | $12,366,816 | 0% | $10,724,053 | 87% |
| Asian/Pacific Islander | 11,450 | 1% | 6,508 | 57% | $23,176,079 | 1% | $12,538,279 | 54% |
| Other/Unknown | 99,607 | 11% | 89,620 | 90% | $497,643,959 | 11% | $453,055,731 | 91% |
| **Dual Status** | | | | | | | | |
| Aged Duals with Full Medicaid | 107,190 | 12% | 105,974 | 99% | $1,602,198,092 | 35% | $1,435,423,714 | 90% |
| Disabled Duals with Full Medicaid | 41,440 | 5% | 40,157 | 97% | $565,119,896 | 12% | $543,690,168 | 96% |
| Duals with Limited Medicaid | 24,179 | 3% | 24,179 | 100% | $8,547,849 | 0% | $7,728,170 | 90% |
| Other Duals | 5,341 | 1% | 5,075 | 95% | $173,621,673 | 4% | $172,122,815 | 99% |
| Disabled Non-Duals | 95,343 | 11% | 88,762 | 93% | $1,039,936,509 | 23% | $956,554,405 | 92% |
| All Other Non-Duals | 596,119 | 69% | 289,080 | 48% | $1,142,270,323 | 25% | $472,670,416 | 41% |
| **Eligibility Group** | | | | | | | | |
| Aged | 115,251 | 13% | 114,111 | 99% | $1,398,205,177 | 31% | $1,245,767,785 | 89% |
| Disabled | 167,214 | 19% | 158,992 | 95% | $1,919,445,473 | 42% | $1,791,704,634 | 93% |
| Adults | 144,012 | 17% | 78,477 | 54% | $579,080,991 | 13% | $368,227,959 | 64% |
| Children | 443,135 | 51% | 201,647 | 46% | $634,962,701 | 14% | $182,489,310 | 29% |

Notes:  Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan.  For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive.  All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

Table1

| | Total Number of Beneficiaries in FFS Population | FFS Mental Health Population | | Total Expenditures for FFS Population | FFS Expenditures for Mental Health Population | |
|---|---|---|---|---|---|---|
| | | Number of Beneficiaries | Percent of Total FFS Beneficiaries | | Total Amount | Percent of Total FFS Expenditures |
| **All** | 553,227 | 64,911 | 12% | $3,588,189,688 | $1,012,001,854 | 28% |
| **Age** | | | | | | |
| 0-3 | 69,917 | 565 | 1% | $77,107,135 | $3,047,137 | 4% |
| 4-5 | 25,487 | 1,112 | 4% | $30,011,872 | $6,214,778 | 21% |
| 6-12 | 78,735 | 8,602 | 11% | $137,381,058 | $68,008,448 | 50% |
| 13-18 | 51,782 | 7,660 | 15% | $144,339,590 | $91,476,569 | 63% |
| 19-21 | 21,647 | 1,810 | 8% | $58,242,040 | $21,094,514 | 36% |
| 22-44 | 103,450 | 19,699 | 19% | $810,865,174 | $306,199,295 | 38% |
| 45-64 | 61,917 | 15,164 | 24% | $768,744,814 | $272,130,645 | 35% |
| 65 and Older | 140,290 | 10,298 | 7% | $1,561,497,692 | $243,830,155 | 16% |
| **Gender** | | | | | | |
| Female | 340,399 | 36,012 | 11% | $2,201,044,650 | $576,236,578 | 26% |
| Male | 212,828 | 28,899 | 14% | $1,387,145,038 | $435,765,276 | 31% |
| **Race** | | | | | | |
| White | 195,489 | 30,910 | 16% | $2,129,908,454 | $571,821,132 | 27% |
| Black | 163,395 | 17,534 | 11% | $809,320,876 | $258,436,867 | 32% |
| Hispanic | 96,488 | 6,674 | 7% | $172,642,295 | $50,679,660 | 29% |
| American Indian/Alaskan Native | 1,727 | 277 | 16% | $10,724,053 | $7,152,394 | 67% |
| Asian/Pacific Islander | 6,508 | 175 | 3% | $12,538,279 | $1,638,845 | 13% |
| Other/Unknown | 89,620 | 9,341 | 10% | $453,055,731 | $122,272,956 | 27% |
| **Dual Status** | | | | | | |
| Aged Duals with Full Medicaid | 105,974 | 9,220 | 9% | $1,435,423,714 | $220,568,371 | 15% |
| Disabled Duals with Full Medicaid | 40,157 | 11,855 | 30% | $543,690,168 | $173,810,762 | 32% |
| Duals with Limited Medicaid | 24,179 | 172 | 1% | $7,728,170 | $1,319,137 | 17% |
| Other Duals | 5,075 | 1,061 | 21% | $172,122,815 | $48,687,502 | 28% |
| Disabled Non-Duals | 88,762 | 25,658 | 29% | $956,554,405 | $399,142,201 | 42% |
| All Other Non-Duals | 289,080 | 16,945 | 6% | $472,670,416 | $168,473,881 | 36% |
| **Eligibility Group** | | | | | | |
| Aged | 114,111 | 6,730 | 6% | $1,245,767,785 | $165,850,684 | 13% |
| Disabled | 158,992 | 40,835 | 26% | $1,791,704,634 | $643,112,258 | 36% |
| Adults | 78,477 | 5,389 | 7% | $368,227,959 | $100,584,482 | 27% |
| Children | 201,647 | 11,957 | 6% | $182,489,310 | $102,454,430 | 56% |

Note:  The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive.  All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

Table2

**TABLE 3**
**MEDICAID FFS MENTAL HEALTH POPULATION**
**BY DIAGNOSTIC CATEGORY AND AGE GROUP**
**NEW JERSEY, CALENDAR YEAR 1999**

| Diagnostic Category | FFS Mental Health Population | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | All Ages | | 21 and Under | | 22-64 | | 65 and Older | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Schizophrenia | 13,155 | 20% | 348 | 2% | 10,897 | 31% | 1,910 | 19% |
| Major depression and affective psychoses | 11,832 | 18% | 1,073 | 5% | 8,700 | 25% | 2,059 | 20% |
| Other psychoses | 3,443 | 5% | 259 | 1% | 1,419 | 4% | 1,765 | 17% |
| Childhood psychoses | 1,781 | 3% | 1,423 | 7% | 338 | 1% | 20 | 0% |
| Neurotic & other depressive disorders | 12,871 | 20% | 1,863 | 9% | 8,421 | 24% | 2,587 | 25% |
| Personality disorders | 608 | 1% | 236 | 1% | 314 | 1% | 58 | 1% |
| Other mental disorders | 3,733 | 6% | 2,087 | 11% | 582 | 2% | 1,063 | 10% |
| Special symptoms or syndromes | 1,150 | 2% | 449 | 2% | 552 | 2% | 149 | 1% |
| Stress & adjustment reactions | 6,252 | 10% | 3,469 | 18% | 2,356 | 7% | 427 | 4% |
| Conduct disorders | 2,511 | 4% | 1,828 | 9% | 625 | 2% | 58 | 1% |
| Emotional disturbances | 2,347 | 4% | 1,778 | 9% | 450 | 1% | 119 | 1% |
| Hyperkinetic syndrome | 4,906 | 8% | 4,690 | 24% | 209 | 1% | 7 | 0% |
| No Diagnosis | 322 | 1% | 246 | 1% | 0 | 0% | 76 | 1% |
| **Total** | 64,911 | 100% | 19,749 | 100% | 34,863 | 100% | 10,298 | 100% |

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.**

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

Table3

**TABLE 4**
**PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER**
**FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP**
**NEW JERSEY, CALENDAR YEAR 1999**

| Sex | Age Group | Psychiatric Hospital | | General Inpatient Hospital — Mental Health Treatment | | Total Inpatient Hospital — Mental Health Treatment | | | General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Number of Users | Average Annual Days Per User | Number of Users | Average Annual Days Per User | Number of Users | Percent of Total FFS Mental Health Beneficiaries | Average Annual Days Per User | Number of Users | Percent of Total FFS Mental Health Beneficiaries | Average Annual Days Per User |
| Female | 0-3 | 0 | 0 | 1 | 2 | 1 | 0% | 2 | 30 | 13% | 13 |
| | 4-5 | 1 | 18 | 3 | 6 | 4 | 1% | 9 | 18 | 5% | 4 |
| | 6-12 | 59 | 138 | 77 | 20 | 117 | 4% | 83 | 75 | 3% | 8 |
| | 13-18 | 364 | 138 | 244 | 20 | 535 | 17% | 103 | 175 | 6% | 10 |
| | 19-21 | 28 | 103 | 77 | 13 | 97 | 10% | 40 | 144 | 15% | 10 |
| | 22-44 | 2 | 17 | 1,503 | 11 | 1,505 | 14% | 11 | 1,645 | 15% | 10 |
| | 45-64 | 0 | 0 | 926 | 11 | 926 | 9% | 11 | 1,917 | 19% | 10 |
| | 65+ | 197 | 143 | 242 | 5 | 433 | 6% | 68 | 2,058 | 26% | 3 |
| | All Ages | 651 | 137 | 3,073 | 11 | 3,618 | 10% | 34 | 6,062 | 17% | 8 |
| Male | 0-3 | 1 | 32 | 1 | 7 | 2 | 1% | 20 | 30 | 9% | 12 |
| | 4-5 | 3 | 56 | 12 | 20 | 13 | 2% | 32 | 29 | 4% | 8 |
| | 6-12 | 176 | 173 | 202 | 23 | 330 | 6% | 106 | 170 | 3% | 10 |
| | 13-18 | 533 | 178 | 238 | 18 | 711 | 15% | 139 | 148 | 3% | 7 |
| | 19-21 | 67 | 152 | 120 | 12 | 177 | 20% | 66 | 70 | 8% | 22 |
| | 22-44 | 4 | 57 | 1,547 | 10 | 1,550 | 18% | 10 | 1,131 | 13% | 10 |
| | 45-64 | 0 | 0 | 564 | 11 | 564 | 11% | 11 | 1,021 | 20% | 11 |
| | 65+ | 92 | 135 | 93 | 3 | 183 | 8% | 70 | 675 | 28% | 4 |
| | All Ages | 876 | 169 | 2,777 | 12 | 3,530 | 12% | 51 | 3,274 | 11% | 9 |
| Total | 0-3 | 1 | 32 | 2 | 5 | 3 | 1% | 14 | 60 | 11% | 12 |
| | 4-5 | 4 | 47 | 15 | 17 | 17 | 2% | 26 | 47 | 4% | 6 |
| | 6-12 | 235 | 164 | 279 | 22 | 447 | 5% | 100 | 245 | 3% | 9 |
| | 13-18 | 897 | 162 | 482 | 19 | 1,246 | 16% | 124 | 323 | 4% | 9 |
| | 19-21 | 95 | 138 | 197 | 12 | 274 | 15% | 57 | 214 | 12% | 14 |
| | 22-44 | 6 | 44 | 3,050 | 10 | 3,055 | 16% | 11 | 2,776 | 14% | 10 |
| | 45-64 | 0 | 0 | 1,490 | 11 | 1,490 | 10% | 11 | 2,938 | 19% | 10 |
| | 65+ | 289 | 140 | 335 | 4 | 616 | 6% | 68 | 2,733 | 27% | 3 |
| | All Ages | 1,527 | 156 | 5,850 | 12 | 7,148 | 11% | 43 | 9,336 | 14% | 8 |

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

Table4

**TABLE 5**
**EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL**
**HEALTH BENEFICIARIES, BY SEX AND AGE GROUP**
**NEW JERSEY, CALENDAR YEAR 1999**

| Sex | Age Group | Mental Health Beneficiaries With Any Emergency Room Use | | | | | Non- Mental Health Beneficiaries With Any Emergency Room Use | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Number | Percent of Total FFS Mental Health Beneficiaries | Average Number of Emergency Room Visits for Users of Any ER Visits | | | Number | Percent of Total FFS Non-Mental Health Beneficiaries | Number of Emergency Room Visits for Users of Any ER Visits |
| | | | | For Mental Health Treatment | For Non-Mental Health Treatment | All ER Visits | | | |
| Female | 0-3 | 84 | 36% | 0.13 | 1.69 | 1.82 | 4,545 | 13% | 1.47 |
| | 4-5 | 90 | 25% | 0.12 | 1.68 | 1.80 | 1,094 | 9% | 1.54 |
| | 6-12 | 683 | 26% | 0.30 | 1.50 | 1.80 | 2,722 | 8% | 1.43 |
| | 13-18 | 1,175 | 38% | 0.59 | 1.89 | 2.48 | 2,783 | 12% | 1.63 |
| | 19-21 | 430 | 46% | 0.58 | 2.69 | 3.27 | 2,882 | 19% | 1.65 |
| | 22-44 | 4,573 | 42% | 0.54 | 3.18 | 3.73 | 10,082 | 17% | 2.04 |
| | 45-64 | 3,845 | 39% | 0.40 | 2.98 | 3.38 | 5,794 | 22% | 2.36 |
| | 65+ | 842 | 11% | 0.29 | 1.79 | 2.07 | 4,283 | 4% | 1.52 |
| | All Ages | 11,722 | 33% | 0.46 | 2.75 | 3.21 | 34,185 | 11% | 1.82 |
| Male | 0-3 | 100 | 30% | 0.06 | 1.91 | 1.97 | 5,036 | 14% | 1.55 |
| | 4-5 | 191 | 26% | 0.07 | 1.72 | 1.80 | 1,413 | 11% | 1.51 |
| | 6-12 | 1,537 | 26% | 0.31 | 1.55 | 1.86 | 3,226 | 9% | 1.51 |
| | 13-18 | 1,550 | 34% | 0.51 | 1.62 | 2.13 | 2,292 | 11% | 1.57 |
| | 19-21 | 392 | 45% | 0.72 | 2.07 | 2.79 | 807 | 19% | 1.87 |
| | 22-44 | 3,278 | 37% | 0.84 | 3.00 | 3.84 | 4,319 | 18% | 2.81 |
| | 45-64 | 1,754 | 34% | 0.49 | 3.50 | 3.99 | 3,838 | 19% | 2.98 |
| | 65+ | 297 | 12% | 0.23 | 1.97 | 2.20 | 1,918 | 6% | 1.57 |
| | All Ages | 9,099 | 31% | 0.58 | 2.51 | 3.08 | 22,849 | 12% | 2.04 |
| Total | 0-3 | 184 | 33% | 0.09 | 1.81 | 1.90 | 9,581 | 14% | 1.51 |
| | 4-5 | 281 | 25% | 0.09 | 1.71 | 1.80 | 2,507 | 10% | 1.52 |
| | 6-12 | 2,220 | 26% | 0.31 | 1.53 | 1.84 | 5,948 | 8% | 1.48 |
| | 13-18 | 2,725 | 36% | 0.55 | 1.74 | 2.28 | 5,075 | 12% | 1.60 |
| | 19-21 | 822 | 45% | 0.65 | 2.39 | 3.04 | 3,689 | 19% | 1.70 |
| | 22-44 | 7,851 | 40% | 0.67 | 3.11 | 3.78 | 14,401 | 17% | 2.27 |
| | 45-64 | 5,599 | 37% | 0.43 | 3.14 | 3.57 | 9,632 | 21% | 2.61 |
| | 65+ | 1,139 | 11% | 0.27 | 1.83 | 2.10 | 6,201 | 5% | 1.53 |
| | All Ages | 20,821 | 32% | 0.51 | 2.64 | 3.16 | 57,034 | 12% | 1.91 |

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table5

**TABLE 6**

**PRESCRIPTION PYSCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH**

**AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP**

**NEW JERSEY, CALENDAR YEAR 1999**

| Age Group | *Total* FFS Beneficiaries with Any Psychotropic Drug Use | | FFS *Mental Health* Beneficiaries with Any Psychotropic Drug Use | | FFS *Non-Mental Health* Beneficiaries with Any Psychotropic Drug Use | |
|---|---|---|---|---|---|---|
| | Number | Percent of Total FFS Beneficiaries | Number | Percent of Total FFS MH Beneficiaries | Number | Percent of Total FFS Non-MH Beneficiaries |
| 0-3 | 1,152 | 2% | 73 | 13% | 1,079 | 2% |
| 4-5 | 930 | 4% | 332 | 30% | 598 | 2% |
| 6-12 | 6,022 | 8% | 3,733 | 43% | 2,289 | 3% |
| 13-18 | 4,691 | 9% | 3,102 | 41% | 1,589 | 4% |
| 19-21 | 1,696 | 8% | 910 | 50% | 786 | 4% |
| 22-44 | 28,756 | 28% | 15,661 | 80% | 13,095 | 16% |
| 45-64 | 30,259 | 49% | 13,468 | 89% | 16,791 | 36% |
| 65+ | 50,943 | 36% | 8,050 | 78% | 42,893 | 33% |
| All Ages | 124,450 | 23% | 45,330 | 70% | 79,120 | 16% |

Notes:  FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

Table6

**TABLE 7**

**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 21 AND UNDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NEW JERSEY, CALENDAR YEAR 1999**

| Diagnostic Category | Number of FFS MH Beneficiaries by Diagnostic Category | Type of Psychotropic Drug | | | | | | No Psychotropic Drug Use |
|---|---|---|---|---|---|---|---|---|
| | | Antidepressants | Antipsychotics | Anti-Anxiety Agents | Mood Stabilizing Agents | Stimulants | More than One Psychotropic Drug Type | |
| Schizophrenia | 348 | 36% | 60% | 25% | 7% | 7% | 44% | 13% |
| Major depression and affective psychoses | 1,073 | 47% | 33% | 18% | 8% | 8% | 37% | 17% |
| Other psychoses | 259 | 27% | 53% | 17% | 3% | 8% | 34% | 15% |
| Childhood psychoses | 1,423 | 7% | 14% | 11% | 0% | 12% | 11% | 36% |
| Neurotic & other depressive disorders | 1,863 | 26% | 14% | 11% | 1% | 11% | 18% | 29% |
| Personality disorders | 236 | 17% | 21% | 13% | 0% | 37% | 21% | 27% |
| Other mental disorders | 2,087 | 4% | 4% | 8% | 0% | 11% | 5% | 44% |
| Special symptoms or syndromes | 449 | 6% | 6% | 11% | 0% | 6% | 4% | 40% |
| Stress & adjustment reactions | 3,469 | 11% | 7% | 7% | 0% | 11% | 9% | 35% |
| Conduct disorders | 1,828 | 18% | 19% | 9% | 2% | 14% | 18% | 28% |
| Emotional disturbances | 1,778 | 13% | 10% | 8% | 1% | 17% | 12% | 31% |
| Hyperkinetic syndrome | 4,690 | 13% | 12% | 10% | 1% | 55% | 20% | 15% |
| No Diagnosis | 246 | 29% | 29% | 10% | 4% | 9% | 22% | 30% |
| **Total** | **19,749** | **15%** | **14%** | **10%** | **1%** | **22%** | **16%** | **59%** |

Notes:  The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug.  Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table7

**TABLE 8**
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 22 TO 64* WHO**
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**
**NEW JERSEY, CALENDAR YEAR 1999**

| Diagnostic Category | Number of FFS MH Beneficiaries by Diagnostic Category | Type of Psychotropic Drug | | | | | | No Psychotropic Drug Use |
|---|---|---|---|---|---|---|---|---|
| | | Antidepressants | Antipsychotics | Anti-Anxiety Agents | Mood Stabilizing Agents | Stimulants | More than One Psychotropic Drug Type | |
| Schizophrenia | 10,897 | 42% | 87% | 44% | 10% | 0% | 63% | 3% |
| Major depression and affective psychoses | 8,700 | 70% | 51% | 57% | 12% | 1% | 69% | 6% |
| Other psychoses | 1,419 | 41% | 67% | 42% | 3% | 0% | 52% | 11% |
| Childhood psychoses | 338 | 32% | 55% | 46% | 3% | 1% | 50% | 16% |
| Neurotic & other depressive disorders | 8,421 | 62% | 28% | 61% | 2% | 1% | 55% | 10% |
| Personality disorders | 314 | 51% | 38% | 47% | 5% | 1% | 49% | 16% |
| Other mental disorders | 582 | 37% | 32% | 43% | 3% | 2% | 37% | 26% |
| Special symptoms or syndromes | 552 | 37% | 22% | 48% | 1% | 1% | 33% | 25% |
| Stress & adjustment reactions | 2,356 | 48% | 23% | 44% | 2% | 1% | 41% | 23% |
| Conduct disorders | 625 | 36% | 52% | 41% | 5% | 1% | 45% | 16% |
| Emotional disturbances | 450 | 13% | 30% | 57% | 1% | 0% | 27% | 27% |
| Hyperkinetic syndrome | 209 | 34% | 25% | 33% | 2% | 16% | 36% | 26% |
| No Diagnosis | 0 | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| **Total** | **34,863** | **54%** | **54%** | **51%** | **7%** | **1%** | **58%** | **16%** |

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table8

**TABLE 9**
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 65 AND OLDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NEW JERSEY, CALENDAR YEAR 1999**

| Diagnostic Category | Number of FFS MH Beneficiaries by Diagnostic Category | Type of Psychotropic Drug | | | | | | No Psychotro-pic Drug Use |
|---|---|---|---|---|---|---|---|---|
| | | Antidepres-sants | Antipsycho-tics | Anti-Anxiety Agents | Mood Stabilizing Agents | Stimulants | More than One Psychotro-pic Drug Type | |
| Schizophrenia | 1,910 | 32% | 81% | 38% | 4% | 0% | 51% | 8% |
| Major depression and affective psychoses | 2,059 | 70% | 46% | 56% | 6% | 1% | 65% | 6% |
| Other psychoses | 1,765 | 33% | 42% | 31% | 1% | 1% | 32% | 30% |
| Childhood psychoses | 20 | 20% | 25% | 25% | 0% | 0% | 15% | 30% |
| Neurotic & other depressive disorders | 2,587 | 60% | 28% | 59% | 1% | 0% | 50% | 13% |
| Personality disorders | 58 | 33% | 45% | 43% | 3% | 0% | 45% | 31% |
| Other mental disorders | 1,063 | 24% | 26% | 27% | 1% | 0% | 22% | 45% |
| Special symptoms or syndromes | 149 | 29% | 19% | 39% | 0% | 0% | 23% | 36% |
| Stress & adjustment reactions | 427 | 46% | 18% | 52% | 1% | 0% | 36% | 26% |
| Conduct disorders | 58 | 40% | 67% | 43% | 0% | 0% | 48% | 21% |
| Emotional disturbances | 119 | 15% | 24% | 50% | 1% | 0% | 25% | 41% |
| Hyperkinetic syndrome | 7 | 43% | 14% | 14% | 0% | 0% | 14% | 43% |
| No Diagnosis | 76 | 61% | 72% | 55% | 3% | 0% | 68% | 3% |
| **Total** | **10,298** | **47%** | **44%** | **46%** | **2%** | **0%** | **46%** | **22%** |

Notes:  The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug.  Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table9